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YOUTH'S NAME:	CASE NUMBER:
	JUVENILE:

	<u>Sustained</u>	<u>Petition Date</u>	<u>Offense</u>	<u>Code</u>	<u>Degree</u>	<u>707(b)</u>	<u>Enhancement</u>	<u>Term</u>
6. c.								

d.

e.

☐ Continued in Attachment 6.

7. The youth has credit for _____ days in secure custody.

8. The maximum period of confinement is *(state years and months)*:9. The youth is ordered to pay a restitution fine of *(state dollar amount)*: \$ _____10. ☐ The youth is ordered to pay victim restitution as stated in Attachment 10.

11. Exceptional needs:

a. ☐ The youth is an individual with exceptional needs.b. ☐ Educational records do not indicate that a determination has been made regarding any exceptional needs the youth may have.c. ☐ The youth has an individualized education program and it:☐ is included as Attachment 11c.☐ will be furnished to the Division of Juvenile Justice when obtained.12. ☐ The court requests that the youth be considered for the _____ Program.13. ☐ The court requests that a copy of the Clinical Summary Report be sent to the youth's attorney *(provide name and address of attorney)*:

14. The Probation Officer is directed to forward a copy of the youth's medical records to the Division of Juvenile Justice before delivery.

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15. Youth ☐ has ☐ has not been prescribed psychotropic medication.
Type and dosage of medication (*specify*):

☐ Additional documentation provided in Attachment 15.

16. Such psychotropic medication, if still necessary based on an evaluation by a Division of Juvenile Justice physician, may be continued for a period not to exceed 60 days from the date of delivery to the Division of Juvenile Justice reception center and clinic.

Date:

JUDICIAL OFFICER